POSTNATAL PROBLEMS IN OBSTETRICS[1]

by

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The following is a summary of some of the topics discussed.

1. How long should patients remain in bed after delivery?

Patients should get up within 12-24 hours. A result of this policy is believed to be the reduction in venous thrombosis and pulmonary embolism. Predisposing factors to the occurrence of venous thrombosis includes stasis (e.g. lying in bed), dehydration, anaemia, infection, injury to the vein walls by pressure in the lithotomy position and a rise in the platelet count and prothrombin level, both of which are at the maximum 8-10 days after delivery or operation. Patients who are at increased risk of thrombo-embolism include those who have had a Caesarean section, patients over 30 years of age and those of high parity.

There is a group of patients who should remain in bed longer than usual. The first are those with cardiac disease (especially of rheumatic origin), who will occasionally develop cardiac failure in the first 4 days after delivery. Secondly, patients who have had a Caesarean section will have pain and their mobilization will probably be delayed. Thirdly, patients with hypertension and pre-eclampsia will usually remain in bed for 48 hours, and in many cases will require sedation during that period, as the risk of post-partum eclampsia is highest during the early postpartum period. The final but relatively uncommon group that should remain in bed for at least 24 hours, consists of patients who have had a spinal anaesthetic, since these patients will suffer severe headache if they try to get up too early, as a result of leakage of cerebrospinal fluid.

2. Breast Feeding

I think the important thing about the management of breast feeding is the care of the nipples and breasts which should begin during the antenatal period. If lactation is to be suppressed then stilboestrol tablets should be started, if possible, within 12 hours of delivery. If the patient cannot take anything by mouth it is worth remembering that oestradiol can be given by injection.

3. Postoperative care after Caesarean section

Most obstetricians agree that patients should have no food and probably no fluid by mouth for the first 24 hours after an abdominal operation. For this reason it is usually advisable to give intravenous fluids during this period, especially during the summer months.

The main purpose of physiotherapy is to try and encourage deep breathing so as clear sputum from the chest and to increase circulation by decreasing the intrathoracic pressure. It is sometimes useful to give 75-100 mg. of pethidine by injection about 20-30 minutes before active physiotherapy, since the patient's abdomen may be very sore after the operation. Once the patient's bowel sounds are present and flatus has been passed a normal diet can be resumed.

Finally, it is very important that patients get adequate sleep during those first three or four nights after the operation; for this they require adequate analgesia and sedation, which should be given by injection for the first three nights. I tend to use morphine, 15 mg., and promethazine hydrochloride, 25 mg. by injection. The same dosage would apply to somebody who had had a forceps delivery and whose perineum was very sore.

4. Pyrexia

Should a patient's temperature become elevated it is essential to find out the exact cause. The patient should be examined from head to foot and this includes a search for such causes as sore throat or cold, post-

[1]Received January, 1969.

operative chest infection, urinary tract infection, breast engorgement or abscess, and unrelated causes such as appendicitis, genital tract infection and venous thrombosis in the legs. Once the cause has been found then the patient can be treated adequately.

5. Back Pain

This is quite common and the main point is to exclude any of the more serious conditions requiring treatment: these include renal tract infection, lumbar disc lesions, and sacro-iliac strain with or without separation of the symphysis.

A variety of causes of back pain are noted in the puerperium, many of which are due to a patient lifting a newborn baby and also trying to catch a mobile two-year-old. One of the duties of the physiotherapist is to try and re-educate these patients into the correct ways to lift objects from the ground.

6. Perineum

There is debate as to how soon active perineal exercises should be started in a patient who has had an episiotomy. I am not certain, but I feel the patient will limit herself in this, and therefore will do no harm. The use of bidets in this country has been rather slow to catch on; many European maternity hospitals use these routinely in the postnatal wards; they are much more comfortable for the patient and reduce much of the nurses' time spent in "wash downs". Finally, they are very comforting to patients who have haemorrhoids which are giving them pain.

7. Abdominal muscles

During the puerperium the abdominal muscles are lax because of divarication of the rectus abdominis muscles and stretching in pregnancy. The patients require instruction in exercises which will improve the tone of those muscles.

8. Family planning

This is becoming increasingly important with the alteration in the abortion laws in various countries in the world. Most teaching hospitals in Britain and Australia have some form of family planning clinic, and those that have not, should have, if only to teach medical students and postgraduates how to advise patients correctly.

If patients have medical indications for contraception this probably should be discussed with them before they leave hospital so they can discuss with their husbands what form of family planning they are going to use before returning for their postnatal visit.

Some of the problems of the postnatal period have been discussed, but it should not be forgotten that these problems include not only those of the mother but also those of her baby, and the relationship between the two.